

SITM: Urogynaecology & Vaginal Surgery (UGVS)

SECTION 1: CAPABILITIES IN PRACTICE

UGVS CiP 1: The doctor has the knowledge, skills and attitudes required to clinically assess women with pelvic floor dysfunction.	
Key Skills	Descriptors
Takes and presents a urogynaecological history in patients with urinary, bowel, pelvic organ prolapse and sexual problems	<ul style="list-style-type: none"> • Takes and presents an appropriate history, including impact of condition on quality of life. • Uses terminology in accordance with the International Continence Society. • Communicates patient's symptoms effectively and understands severity and social and psychological impact.
Uses standardised assessment tools when assessing patients	<ul style="list-style-type: none"> • Uses clinical history and bladder diary to make an initial diagnosis. • Selects appropriate standardised symptom and quality of life questionnaires.
Performs a general, pelvic floor and neurological examination to clinically assess pelvic floor dysfunction	<ul style="list-style-type: none"> • Performs an appropriate examination, elicits abdominal and pelvic signs, and highlights relevant findings to team. • Describes stage of pelvic organ prolapse using a recognised method, including usage of Pelvic Organ Prolapse Quantification (POPQ) system or new assessments as they are introduced into clinical practice. • Performs neurological examination to assess both neurological conditions that may affect the pelvic floor, and for perineal denervation. • Puts clinical findings in the context of the patient's symptoms.
Communication and links with members of local and regional multidisciplinary teams	<ul style="list-style-type: none"> • Communicates significance of clinical findings to the patient and to multidisciplinary team. • Recognises indications and refers appropriately to specialist centres (e.g., mesh complications, fistula).
Evidence to inform decision	
<ul style="list-style-type: none"> • Reflective practice • TO1/TO2 (including SO) • Attend urogynaecology clinics 	<ul style="list-style-type: none"> • Tailored Clinical Experience • Feedback from trainer • CbD

<ul style="list-style-type: none"> • Case discussion and observation of senior medical staff • Personal Study 	<ul style="list-style-type: none"> • Mini-CEX • Evidence of attendance at appropriate courses
Knowledge criteria	
<ul style="list-style-type: none"> • The terminology used for pelvic floor dysfunction • The relationship between pelvic floor symptoms and other medical conditions, including neurological conditions and their impact on the pelvic floor. • An understanding of evidence-based guidance • Neurological conditions that affect the lower urinary tract (e.g., multiple sclerosis) • Objective methods for assessing pelvic organ prolapse including POP-Q system • Design and validation of standardised symptom and QoL questionnaires • Examination findings relevant to lower urinary tract disorders and prolapse 	

UGVS CiP 2: The doctor selects and performs tests appropriate for common urogynaecological presentations and interprets the results.	
Key Skills	Descriptors
Performs, understands, and interprets appropriate investigation for assessment of pelvic floor and functional bladder symptoms	<ul style="list-style-type: none"> • Requests and interprets results of urinalysis and formal urine culture and cytology. • Assesses urinary residual by bladder scan. • Undertakes urodynamics according to the standards set down in the common curriculum for multidisciplinary training in urodynamics (www.ukcs.uk.net). • Undertakes urodynamic investigation according to national standards. • Demonstrates an understanding of fluid dynamics, bladder, and urethral function. • Understands the basic principles of urodynamic testing. • Demonstrates and ability to set up, use and maintain the equipment and the measures necessary to achieve quality control. • Explains the relevance of the test findings. • Is able to understand the impact of results on clinical management.
Refers for further investigation and management when appropriate	<ul style="list-style-type: none"> • Recognises indications for more advanced urodynamic assessment (i.e., video urodynamics, ambulatory urodynamics and urethral function studies) and refers appropriately. • Identifies available modalities and indications for imaging the urinary tract and makes appropriate requests. • Identifies available modalities and indications for investigating bowel symptoms and makes appropriate requests.
Evidence to inform decision	

<ul style="list-style-type: none"> • Reflective practice • Direct observation of senior colleagues • Attendance at Local, Deanery and National Teaching & meetings: <ul style="list-style-type: none"> ○ Attendance at a national urodynamics course ○ Attendance at a national or regional anatomy teaching/course • Confirmed participation in multidisciplinary team meetings and clinics 	<ul style="list-style-type: none"> • Leads critical incident review • OSATS: <ul style="list-style-type: none"> ○ Standard urodynamics (cystometry) ○ Bladder Scan • CbD • Mini-CEX • TO1/TO2 (including SO)
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Knowledge criteria

<ul style="list-style-type: none"> • Relevant anatomy and physiology, and pathophysiology of pelvic floor conditions • Indications for and methods of urodynamic testing, including: <ul style="list-style-type: none"> • Urinalysis • Urine culture and cytology • Pad tests • Assessment of urinary residual and bladder scan • Uroflowmetry • Subtracted dual channel cystometry • Modalities for imaging the urinary tract • Regional referral pathways and the role of regional subspecialist in the management of complex cases • Modalities for investigating bowel symptoms

UGVS CiP 3: The doctor manages pelvic floor dysfunction using non-surgical methods.

Key Skills	Descriptors
Demonstrates conservative management of pelvic floor dysfunction	<ul style="list-style-type: none"> • Recognises the importance of non-surgical management in the treatment pathway and explain this to patients. • Manages patients with agreed clinical pathways and evidence-based guidelines. • Is aware of referral of patients to physiotherapists and nurse specialists at an early stage of the treatment pathway. • Works in a multidisciplinary team and liaises appropriately with community continence services. • Counsel patients on containment measures and support groups.
Demonstrates conservative management of overactive bladder syndrome	<ul style="list-style-type: none"> • Analyses charts (frequency, frequency/volume, input/output) and counsels accordingly. • Recognises the role of drug therapy for women with overactive bladder symptoms including pharmacological action and interactions and adverse effects. • Implements drug therapy appropriately and counsels on success

	<p>and adverse effects.</p> <ul style="list-style-type: none"> • Manages patients with mixed urinary incontinence as part of a multidisciplinary team.
Demonstrates conservative management of stress urinary incontinence	<ul style="list-style-type: none"> • Assesses pelvic floor strength • Instructs patients on the role of pelvic floor muscle assessment and training, and other physical therapies, and refers onto colleagues as appropriate.
Demonstrates non-surgical management of pelvic organ prolapse	<ul style="list-style-type: none"> • Assesses and manages complications of vaginal pessaries as part of a multidisciplinary team, referring on to other specialties when appropriate.
Recognises indications for anorectal investigation and treatment	<ul style="list-style-type: none"> • Counsels on simple treatments for faecal incontinence and obstructive defaecation and refers appropriately.
Evidence to inform decision	
<ul style="list-style-type: none"> • Reflective practice • Attend a physiotherapy clinic and observe management given by pelvic floor physiotherapist • Attend a continence clinic and observe continence nurse • Confirmed participation in multidisciplinary team clinics and meeting 	<ul style="list-style-type: none"> • Demonstrates adequate exposure during training • CbD • Mini-CEX • Feedback with trainer • TO1/TO2 (including SO) • Attendance at local/Deanery Teaching or training days/courses
Knowledge criteria	
<ul style="list-style-type: none"> • The role of pharmacology in pelvic floor dysfunction, including mechanism of action, adverse effects, and interaction, for treatment of: <ul style="list-style-type: none"> ○ Overactive bladder syndrome ○ Nocturnal frequency and nocturia ○ Stress urinary incontinence ○ Painful bladder syndrome ○ Use of hormone replacement therapy including vaginal oestrogen • Use of different charts to assess intake and/or output and to assess and treat women with excessive voiding patterns • Principles of pelvic floor muscle training and role of different physical therapies • Principles of bladder retraining and how to instruct patients on this treatment • Non-surgical management of pelvic organ prolapse • The indications for and fitting of ring, shelf, and other pessaries • Basic understanding of anorectal dysfunction, faecal urgency, and incontinence 	

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UGVS CIP 4: The doctor provides high quality surgery for primary incontinence and prolapse.	
Key Skills	Descriptors
Counsel patients appropriately on surgical management of pelvic floor disorders	<ul style="list-style-type: none"> Formulates a management plan and modifies if necessary. Counsel on the different surgical options for prolapse and incontinence including non-surgical alternatives, other surgical options, complications, and outcomes and takes consent for surgery accordingly.
Demonstrates safe surgical practice	<ul style="list-style-type: none"> Recognises the indications and complications of surgical procedures in management of pelvic floor dysfunction. Selects patient appropriately for vaginal prolapse and/or continence surgery. Performs surgery for primary incontinence and prolapse in a fluent and safe manner. Recognises the clinical findings which need onward management from multidisciplinary team including Urology and sub-specialist Urogynaecologists. Counsels on remaining NICE approved primary procedures for stress urinary incontinence.
Manages postoperative complications including voiding difficulty	<ul style="list-style-type: none"> Instructs nursing staff on catheter management following continence surgery. Supervises a patient undergoing a programme of intermittent self-catheterisation. Recognises role of other specialists in the management of surgical complications.
Recognises indications for referral to sub-specialist teams	<ul style="list-style-type: none"> Demonstrates an understanding of the different available surgical procedures for apical prolapse, including their indication and how to refer on for them if required.
Actively participates in clinical audit	<ul style="list-style-type: none"> Commits to audit of procedures according to guidelines. Uses nationally recommended databases, such as BSUG audit database. <p>Engages in local audits and leads a minimum of one audit per year which must include one surgical audit.</p>
Evidence to inform decision	
<ul style="list-style-type: none"> Reflective practice NOTSS 	<ul style="list-style-type: none"> OSATS: <ul style="list-style-type: none"> Rigid cystourethroscopy

<ul style="list-style-type: none"> • Attendance at post-operative ward rounds • Attendance at Risk Management meetings • Direct observation/Consultant supervision within the module • Attendance at MDT meetings • Participation and completion of audit • Tailored clinical experience under supervision: <ul style="list-style-type: none"> ○ Personal study ○ Appropriate postgraduate education courses and reading ○ Recording outcomes on national databases (e.g., BSUG) 	<ul style="list-style-type: none"> ○ Anterior Vaginal Wall repair (Colporrhaphy) ○ Posterior vaginal wall repair ± perineorrhaphy ○ Vaginal hysterectomy ○ Sacrospinous fixation ○ Colposuspension (open or laparoscopic) ○ Autologous fascial sling • CbD • Feedback from trainer • TO1/TO2 (including SO) • Mini-CEX
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Knowledge criteria

<ul style="list-style-type: none"> • The necessary equipment, diathermy instrumentation and theatre set-up • Potential surgical complications, assessment, investigation (including imaging) and management • How to manage major haemorrhage • The indications and complications of the following procedures, including principles of surgery: <ul style="list-style-type: none"> ○ Cystoscopy ○ Anterior and Posterior Vaginal Wall Repair +- perineorrhaphy ○ Vaginal Hysterectomy for prolapse, including Uterosacral plication or McCall culdoplasty ○ Continence procedures in line with NICE guidance and as relevant to local services ○ Bladder neck injections ○ Sacrospinous fixation • Surgical management of detrusor overactivity • Treatment options for recurrent SUI and POP and ability to refer appropriately • Surgical management of faecal incontinence & appropriate referral • The surgical procedures for vault and apical prolapse, including potential benefits and risks • The role of the local and regional MDT in primary and complex pelvic floor surgery • How to audit surgical outcomes • Preoperative and postoperative care
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SECTION 2: PROCEDURES

Procedures marked with * require 3 summative OSATS

Procedures	Level by end of training	CIP 2	CIP 3	CIP 4
Standard urodynamics (cystometry) *	5	X		
Bladder Scan	5	X		



Procedures	Level by end of training	CIP 2	CIP 3	CIP 4
Inserts and changes pessaries	5		X	
Rigid cystourethroscopy *	5			X
<i>Vaginal surgery for primary pelvic organ prolapse</i>				
○ Anterior vaginal wall repair (colporrhaphy) *	5			X
○ Posterior vaginal wall repair (colporrhaphy) *	5			X
○ Vaginal hysterectomy *	5			X
○ Uterosacral plication or McCall culdoplasty for vault support at vaginal hysterectomy	5			X
○ Sacrospinous fixation *	5			X
<i>One first line procedure for primary stress urinary incontinence in line with NICE guidance and as relevant to local services, e.g.,</i>				
○ Colposuspension (open or laparoscopic) *	5			X
○ Autologous fascial sling *	5			X

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

Mapping to GPCs

Domain 1: Professional values and behaviours

Domain 2: Professional skills

- Practical skills
- Communication and interpersonal skills
- Dealing with complexity and uncertainty

Domain 3: Professional knowledge

- Professional requirements
- National legislative structure
- The health service and healthcare system in the four countries

Domain 5: Capabilities in leadership and team working

Domain 6: Capabilities in patient safety and quality improvement

Domain 8: Capabilities in education and training

Domain 9: Capabilities in research and scholarship

SECTION 4: MAPPING OF ASSESSMENTS TO UGVS CiPs



UGVS CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor has the knowledge, skills and attitudes required to clinically assess women with pelvic floor dysfunction		X	X		X	X
2: The doctor selects and performs tests appropriate for common urogynaecological presentations, and interprets the results	X	X	X		X	X
3: The doctor manages pelvic floor dysfunction using non-surgical methods.		X	X		X	X
4: The doctor provides high quality surgery for primary incontinence and prolapse.	X	X	X	X	X	X